

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article(s)

Mitchem, Warden
Weston Correctional Facility
179 Nick Davis Road
West, AL 35749

A. Signature

X*Loeb*
 Agent
 Addressee

B. Received by (Printed Name)

Loeb

C. Date of Delivery

*1-16-07*Is delivery address different from item 1? YesIf YES, enter delivery address below: No

OTCV 39
pre-order
+ pet.

Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

7006 2760 0002 8193 1927

(Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004